



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED

By Carol Day at 5:54 am, Jun 26, 2013

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN 66 005170	NAME OF AGENCY Grain Valley Police Department	DATE OF INSPECTION 06/24/2013
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LOCATION OF INSTRUMENT (STREET AND CITY) 711 N. Main St. Grain Valley	TIME OF INSPECTION 5:25 am
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**CHECKLIST:** Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150)' 0.470

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 06/24/13 05:25

☒ CHARACTER DISPLAY TEST

☒ PRINT TEST (PRINTOUT ATTACHED)

☒ SIMULATOR SOLUTION SUPPLIER Gith Laboratories Inc. LOT # 12040 EXP. DATE 03/07/2014

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0° SIMULATOR SN SD 1434 EXP. DATE 04/11/2014

☒ CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.103

TEST 2 0.104

TEST 3 0.103

☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1	0-04	0	.05-.09	1	.10-.14	0	.15-.19	0	Over .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

Meets all Department of Health and Senior Services specifications.

When used in a calibrated simulator operation at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100g/210L +/- 3%.

INSPECTING OFFICER

SIGNATURE 	PRINT FULL NAME S. Tracy
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TYPE II PERMIT NUMBER/EXPIRATION DATE 220305/09-25-2014	TELEPHONE NUMBER (816) 847-6250
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RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

### CERTIFICATE OF ANALYSIS

#### Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12040 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on March 9, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1211% (w/vol) ethyl alcohol. The expiration date for this lot number is March 7, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

#### *NIST Traceability:*

*Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

GREEN VALLEY PD 711 N. MAIN  
ANALYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005170  
06/24/2013

DIAGNOSTIC TEST 05:21

FROM CHECK E735.23 PASSED  
TEMP CHECK PASSED  
PROCESSOR CHECK PASSED  
SYNC PULSE PASSED  
SYNC SPEED PASSED  
NEG STABILITY PASSED  
POS STABILITY PASSED  
REF RANGE PASSED

DISNOBTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR  
S. Mac #2018  
ADDITIONAL INFORMATION AND/OR REMARKS

THIS SIDE UP/THIS EDGE IN  
GUTH LABORATORIES, INC. 800-233-2338

SN 66-005170 06/24/2013  
E735.23 05:26

ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED INSTRUMENT LOCATION

OPERATOR  
S. Mac #2018  
ADDITIONAL INFORMATION AND/OR REMARKS

GRAIN VALLEY PD 711 N. MAIN  
INTOXILYZER - ALCOHOL ANALYZER  
MO MODEL 5000 SN 66-005170  
06/24/2013

TEST	MEAC	TIME
HIR BLANK	.000	05:25
CAL. CHECK	.103	05:27
HIR BLANK	.000	05:27
CAL. CHECK	.104	05:28
HIR BLANK	.000	05:28
CAL. CHECK	.103	05:29
HIR BLANK	.000	05:29

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR  
S. Hays #2015  
ADDITIONAL INFORMATION AND/OR REMARKS

SN 66-005170  
E735.23  
INVALID TEST  
INHIBITED - RFI  
06/24/2013  
05:29

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR  
S. Hays #2015  
ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



STEVEN K TRACY

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/25/2012

Number 220305

Expires 09/25/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)